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EMPLOYEE BENEFITS GUIDE

Plans effective January 1, 2025

Welcome to Open Enrollment!



Little Egg Harbor Township strives to offer you and your eligible dependents a competitive and comprehensive benefits package. This year is no exception. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

We are proud to be able to offer you an exciting new plan option which will lower your payroll contributions and provide richer benefits. See page 4 and page 5 for further plan details.

The Open Enrollment period runs from November 13, 2024 through November 27, 2024.

The benefits you elect during Open Enrollment will be effective from January 1, 2025 through December 31, 2025.

Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status. Information on Qualifying Life Events can be found on the following page.

Questions?

If you have any questions on the benefits available to you or the Open Enrollment process, please contact Katherine Baker in Human Resources at **609.296.7241 ext. 223** or the Conner Strong Benefits Member Advocacy Center at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to www.connerstrong.com/memberadvocacy and complete the fields.

Important Enrollment Information

How do I enroll?

Little Egg Harbor Township is holding an **ACTIVE** open enrollment this year. This means you **MUST** complete an enrollment form. If you are currently enrolled in Medical, Prescription, Dental and Vision coverage, your elections will **NOT** be carried over to the 2025 Plan Year. You **MUST** complete and return an enrollment form by November 27, 2024.

You can make the changes listed below when completing the 2025 enrollment form:

- Enroll in medical, prescription drug, dental and/or vision benefits.
- Add/terminate dependents from your medical, prescription drug, dental and/or vision coverage.
- Enroll or re-enroll in the Flexible Spending Account (FSA).
- Waive/change medical, prescription drug, dental and/or vision benefits.

What do you need to do?

- Review this Guide and discuss with your family members.
- Complete an enrollment form indicating the Medical, Prescription, Dental and Vision plans you wish to have in place for plan year 2025.
- Determine if you would like to make any changes to your current benefit elections, add/delete dependent(s), and/or enroll in/waive benefits coverage and complete an enrollment form and/or a verification of health insurance form.
- Complete and return your enrollment form to Katherine Baker in Human Resources by **November 27, 2024.**

Who is eligible?

Full-time employees, who work a regular schedule of 35 hours or more per week, are eligible to enroll in the benefits described in this Guide, following 90 days of continuous employment. Please remember that only eligible dependents can be enrolled. Eligible dependents include:

- Spouse (including Civil Union)
- Children under the age of 26

If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (i.e. birth certificate, marriage certificate, proof of full-time student status, etc.).

Qualifying life events

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include: marriage, divorce, death of a spouse/civil union partner, child or other qualified dependent, birth or adoption of a child, civil union partnership status change, change in child dependent status, change in residence due to an employment transfer for you or your spouse/civil union partner, change in spouse's/civil union partner's benefits or employment status, taking an unpaid medical leave of absence by either you are your spouse/civil union partner.

You must notify Human Resources within 30 days of experiencing a qualified status change.

Medical Plan:

Horizon BCBS of NJ

Below is a summary of the new medical plan offering available to you, effective January 1, 2025. See page 5 for additional details

REMEMBER: Preventive Care services and Women's Preventive services are covered in-network at 100% with no copay, no matter which medical plan you choose!

NEW! DIRECT ACCESS \$25 - \$50 WITH HRA DIFFERENCE CARD

SERVICES	IN-NETWORK	OUT-OF-NETWORK	WHAT THE MEMBER PAYS WHEN USING THE HRA DIFFERENCE CARD
Plan Year Deductible			
Individual	\$2,500	\$5,000	\$0
Family	\$5,000	\$10,000	\$0
Coinsurance	20%	40%	0%
Out-of-Pocket Max			
Individual	\$5,000	\$10,000	\$0
Family	\$10,000	\$20,000	\$0
Primary Care Physician (PCP) Office Visit	\$25 copay	40% after deductible	\$0
Specialist Office Visit	\$50 copay	40% after deductible	\$0
Preventive Care	No Charge	40% no deductible	\$0
Emergency Room	20% after \$50 facility copay		\$0
Inpatient Hospital	20% after deductible	40% after deductible	\$0
Outpatient Surgery	20% after deductible	40% after deductible	\$0
Diagnostic Procedures - Laboratory	No charge in office or Lab Corp 20% after deductible in outpatient facility	40% after deductible	\$0
Diagnostic Procedures - X-Ray/Radiology	No charge in office or Lab Corp 20% after deductible in outpatient facility	40% after deductible	\$0
Mental Health			
Inpatient	20% after deductible	40% after deductible	\$0
Outpatient	20% after deductible		
Office Setting	\$50 copay		
Short-Term Therapies			
Physical, Occupational, Speech	\$25 copay	40% after deductible	\$0

* After deductible

NEW! For January 1, 2025

Difference Card: *Health Reimbursement Account*

Little Egg Harbor Township will be offering employees a new Horizon Direct Access plan with prescription drug coverage this year. In addition, a Health Reimbursement Account will be made available to offset expenses. See more below.

Employees who decide to enroll in the new Horizon Direct Access 25/50 plan, the Township will set up & fully-fund a Health Reimbursement Account (HRA) up to \$20,000 to pay for eligible medical and prescription costs. The HRA is administered by a company called The Difference Card.

How the plan works:

- Once you enroll in the Direct Access 25/50 plan, you will automatically be enrolled in The Difference Card's HRA account.
- Employee/Spouse on the plan will receive an HRA Debit Card (**mailed to home addresses on file in a plain white envelope**) to pay for all eligible services.
- Members claims to pay for eligible medical and prescription expenses is regardless of enrollment status (ex. Single, 2Adults, Parent/Child(ren), Family).
- *The HRA card may only be used for your Horizon 25/50 plan's medical and pharmacy benefits.*

Using the card

For these services, use the HRA debit card to swipe for the full copay amount:

- | | |
|--|--|
| • Primary Care:
Swipe for full \$25 copay* | • Specialist Visit:
Swipe for the full \$50 copay* |
| • Short-Term Therapy:
Swipe for the full office visit copay* | • Urgent Care:
Swipe for the full \$50 copay* |
| • Prescriptions:
Swipe for the full RX copay | |

* Above examples assume in-network utilization.

Submit for reimbursement

For services referenced below, submit a claim with your Explanation of Benefits (EOB) from Horizon. The Difference Card can either reimburse you for the allowed amount or the provider directly. Please note, Horizon processes these claims and determines the allowed payment amount for each service.

- In-Network Medical Services where the deductible or coinsurance applies.
- Out of Network Medical Services where the deductible or coinsurance applies.

Once your HRA becomes active, members have access to The Difference Card Customer Care Team for any questions or issues when using the HRA Debit Card.

- Call: **(888) 343-2110** (Monday - Friday, from 8am to 11pm ET)
- Visit Online: <https://www.differencecard.com/>

Not Sure Yet?

- ENROLLMENT IS VOLUNTARY.
- MONTHLY PREMIUMS ARE LOWER THAN THE CURRENT DIRECT ACCESS \$10 (BY 25%).
- YOUR PAYROLL DEDUCTIONS WILL BE LOWER.
- YOU WILL RECEIVE AN HRA DEBIT CARD TO COVER ALL ELIGIBLE EXPENSES UP TO \$20,000 FOR THE PLAN YEAR.

Medical Plan:

Horizon BCBS of NJ

Below is a summary of the medical plans available to you, effective January 1, 2025.

REMEMBER: Preventive Care services and Women's Preventive services are covered in-network at 100% with no copay, no matter which medical plan you choose!

DIRECT ACCESS 10

SERVICES	IN-NETWORK	OUT-OF-NETWORK
Plan Year Deductible		
Individual	None	\$100
Family	None	\$200
Coinsurance	0%	30%
Out-of-Pocket Max		
Individual	\$400	\$2,000
Family	\$800	\$5,000
Primary Care Physician (PCP) Office Visit	\$10 copay	30% after deductible
Specialist Office Visit	\$10 copay	30% after deductible
Preventive Care	No charge	30% no deductible
Emergency Room	\$25 copay	
Inpatient Hospital	No charge	\$200 copay per admission and 30% after deductible
Outpatient Surgery	No charge	30% after deductible
Diagnostic Procedures - Laboratory	No charge in office or Lab Corp No charge in outpatient facility	30% after deductible
Diagnostic Procedures - X-Ray/Radiology	No charge in office or Lab Corp No charge in outpatient facility	30% after deductible
Mental Health		
Inpatient	No charge	\$200 copay per admission and 30% after deductible
Outpatient	No charge	30% after deductible
Office Setting	\$10 copay	30% after deductible
Short-Term Therapies		
Physical, Occupational, Speech	\$10 copay	30% no deductible

* After deductible

Medical Plan:

Horizon BCBS of NJ

Below is a summary of the medical plans available to you, effective January 1, 2025.

REMEMBER: Preventive Care services and Women's Preventive services are covered in-network at 100% with no copay, no matter which medical plan you choose!

OMNIA 10 (WITH BLUECARD)

SERVICES	IN-NETWORK	OUT-OF-NETWORK
Plan Year Deductible		
Individual	None	\$1,500
Family	None	\$3,000
Coinsurance	0%	0%
Out-of-Pocket Max		
Individual	\$400	\$2,000
Family	\$800	\$4,000
Primary Care Physician (PCP) Office Visit	\$5 copay	\$10 copay
Specialist Office Visit	\$5 copay	\$10 copay
Preventive Care	No charge	No charge
Emergency Room	\$25 copay	
Inpatient Hospital	No charge	\$150 copay after deductible
Outpatient Surgery	No charge	No charge after deductible
Diagnostic Procedures - Laboratory	No charge in office or Lab Corp No charge in outpatient facility	No charge in office or Lab Corp No charge after deductible in outpatient facility
Diagnostic Procedures - X-Ray/Radiology	No charge in office or Lab Corp No charge in outpatient facility	No charge in office or Lab Corp No charge after deductible in outpatient facility
Mental Health		
Inpatient	No charge	\$150 copay after deductible
Outpatient	No charge	No charge after deductible
Office Setting	\$5 copay	\$10 copay
Short-Term Therapies		
Physical, Occupational, Speech	\$5 copay	\$10 copay

* After deductible

Prescription Drug Plan:

Horizon BCBS of NJ

Below are the prescription drug benefits effective January 1, 2025. If you elect to participate in one of the medical plans, you are eligible to enroll in the corresponding prescription drug plan.

DIRECT ACCESS 10 & OMNIA PLAN

SERVICES	IN-NETWORK
Retail (up to 30-day supply)	
Generic	\$3 copay
Brand-Name	\$10 copay
Mail-Order (up to 90-day supply)	
Generic	\$5 copay
Brand-Name	\$15 copay

DIRECT ACCESS \$25 - \$50 PLAN WITH HRA DIFFERENCE CARD

SERVICES	IN-NETWORK	WHAT YOU PAY WITH WHEN MEMBER USES THE HRA DIFFERENCE CARD
Retail (up to 30-day supply)		
Generic	\$3 copay	\$0
Brand-Name	\$25 copay	\$0
Mail-Order (up to 90-day supply)		
Generic	\$3 copay	\$0
Brand-Name	\$25 copay	\$0

Why should I use mail order?

Using the mail-order program for your maintenance medications will save you money. You will receive a 90-day (3-month) supply for the equivalent of two (2) retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

To begin using mail-order, simply complete a mail-order form and send along with your prescription(s) written for a 90-day supply of medication. Forms can be obtained online at www.horizonblue.com.



Dental Plan:

Horizon BCBS of NJ

Below is a summary of the dental plan available to you effective January 1, 2025.

HORIZON DENTAL

SERVICES	IN-NETWORK
Annual Deductible Individual Family	 \$25 \$75
Calendar Year Maximum	\$1,500
Orthodontia Benefits	Plan pays 50% up to a maximum of \$1,200
Exams & Preventive Services X-rays, Space Maintainers, Restorations & Repairs, Endodontics, Periodontics, Oral Surgery, Major Restoration	Plan pays 80% after deductible
Dentures & Fixed Bridges	Plan pays 50% after deductible



Vision Plan:

UnitedHealthcare

Below is a summary of the vision plan available to you effective January 1, 2025.

VISION PLAN

SERVICES	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam	\$0 copay	Up to \$100 reimbursement
Frames	Choice of 100 Selection frames, covered in full \$50 wholesale or \$130 retail frame allowance	Up to \$90 reimbursement
Contact Lenses	\$0 copay	Up to \$200 reimbursement
Frequency Frames Lenses Exam		Once every 24 months Once every 24 months Once every 24 months



Flexible Spending Accounts:

WEX

Little Egg Harbor Township provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. **You must enroll/re-enroll in the plan to participate for the Plan Year January 1, 2025 December 31, 2025.** You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. **If you do not use the money you contributed it will not be refunded to you or carried forward to a future Plan Year. This is the use-it-or-lose-it rule, as per IRS regulations.**

Dependent Care FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is \$2,500.

Eligible expenses include:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

Healthcare FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The IRS confirmed the 2025 dollar limit on employees' pre-tax contributions to Healthcare FSA has increased to \$3,300, and the maximum carryover limit is \$660.

Eligible expenses include:

- Doctor office copayments
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery



Benefits Member Advocacy Center

Conner Strong & Buckelew



Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (“Benefits MAC”), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you’ve been working on
- Discover all that your benefit plans have to offer!

Member Advocates available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

You may contact the Benefits Member Advocacy Center in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com
- Via fax: **856.685.2253**

Legal Notices

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Little Egg Harbor Township offers a series of health coverage options. A copy of the Township's Summary of Benefits and Coverage (SBC) will be posted on the employee intranet when it becomes available. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply. If you would like more information on WHCRA benefits, please speak with Karyn Metrick in Human Resources.

Special Enrollment Notice

Loss of other coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility for Medicaid or a State Children's Health Insurance

Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health

insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Karyn Metrick in Human Resources.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

Legal Notices

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fss/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

Legal Notices

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

**Important Notice**

This Guide is intended to provide you with the information you need to choose your 2025 benefits, including details about your benefits options and the actions you need to take during this 2025 Annual Enrollment period. It also outlines additional sources of information to help you make your enrollment choices. If you have questions about your 2025 benefits or the enrollment process, call Katherine Baker in Human Resources at 609-296-7241 x 223. The information presented in this Guide is not intended to be construed to create a contract between Little Egg Harbor Township and any one of Little Egg Harbor Township's employees or former employees. In the event that the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Little Egg Harbor Township reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.